



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

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AND BUSINESS REGULATION

SHARON E. GILLET
COMMISSIONER

**APPLICATION FOR REGISTRATION
FOR TELECOMMUNICATIONS SERVICE PROVIDERS
*OTHER THAN PAYPHONE SERVICE PROVIDERS***

STATEMENT OF BUSINESS OPERATIONS (SBO)

Date:

Please check appropriate box:

☐ Initial SBO

☐ Amended SBO

☐ Reason:

☐ Effective:

Part I

1. Legal Name of Registrant	
2. doing business as (dba)	
3. Federal Taxpayer ID No.	
4. Address - Regulatory (Street, City, State, Zip +)	
5. Address - Principal Office (Street, City, State, Zip +)	
6. Main Telephone Number	
7. Customer Service Number	
8. Website/URL	

9. If a corporation, please:		
A. provide the date of organization		
B. indicate the jurisdiction under the laws of which it is organized		
C. provide the following information as to each officer, director, and stockholder owning of record, or beneficially, 10% or more of Registrant's outstanding capital stock:		
Name/Title	Address	Percent & Class of Shares

10.	All businesses incorporated in states other than the Commonwealth which are doing business in Massachusetts must register with the Secretary of the Commonwealth (SOC) within ten days after they commence doing business in the state by filing a foreign registration certificate. Failure to register may result in the imposition of fines and/or an injunction restraining the further prosecution of business in the Commonwealth by the foreign corporation.
A copy of the SOC Foreign Registration Certificate:	
<input type="checkbox"/> is attached. <input type="checkbox"/> will be filed with the DTC within the following 30 days.	
http://corp.sec.state.ma.us/Portal/PortalPage.htm	

11.	Please provide the following information for the regulatory contact person to work with the Department on the following:
A. Issues related to processing <i>this Registration and tariff filing only</i>	Name/Title Mailing Address Direct Phone Number Direct Facsimile Number Email Address

B. Issues related to consumer complaints [not the general customer service department]	Name/Title Mailing Address Direct Phone Number Direct Facsimile Number Email Address
C. All other regulatory-related issues [in-house]	Name/Title Mailing Address Direct Phone Number Direct Facsimile Number Email Address

12. Registrant will be providing telecommunications services as indicated: <input type="checkbox"/> non-residential <input type="checkbox"/> residential <input type="checkbox"/> wholesale/carrier-to-carrier
<input type="checkbox"/> facilities-based service: <input type="checkbox"/> UNE <input type="checkbox"/> UNE-P s
<input type="checkbox"/> resold <input type="checkbox"/> underlying carrier:

13. Registrant's initial tariff offers the following services: [check all that apply]		
<input type="checkbox"/> voice grade <input type="checkbox"/> local exchange <input type="checkbox"/> prepaid local exchange	<input type="checkbox"/> data (specify types)	<input type="checkbox"/> interexchange
<input type="checkbox"/> operator services at traffic aggregator locations <input type="checkbox"/> operator services to inmates/correctional facilities	<input type="checkbox"/> other (explain)	

14. Provide a clear and concise summary of the specific services the Registrant will be offering (e.g., bundled local and interexchange services; conference calling; unregulated enhanced services as part of a package, such as voice mail, internet access)

15. If the Registrant will be providing operator-assisted service, describe how: (A) a company operator would be reached, e.g. dial 00; (B) an emergency-type call will be handled.

16. If proposing to offer local exchange service(s): [check all applicable boxes]

- ☐ Registrant will offer service(s) to: ☐ non-residential/commercial
☐ residential
- ☐ Registrant will offer dial-tone service. If no, please explain.
- ☐ Registrant will adopt the exchanges and local calling areas defined in the following facilities-based LEC tariff:
- Name of LEC:
MDTC Tariff No.:

Part II

OPERATOR SERVICE PROVIDER - CONSUMER PROTECTION POLICIES

The term “operator-service provider” (OSP) generally refers to a telecommunications service company that handles live- and/or mechanized operator-assisted calling, such as calls placed on a collect, third-party billed and/or person-to-person basis, from locations such as payphones and other traffic aggregator locations (e.g., hotels, hospitals).

OSPs must adhere to the following Department policies:

- A. OSPs must be registered and have an approved tariff of intrastate rates and charges on file with the Department.
- B. OSP rate disclosure requirements similar to rules adopted in January 1998 by the Federal Communications Commission, effective July 1, 1998. OSPs must notify callers orally of how they can obtain rate information for their operator-assisted calls, i.e., the *total cost* of the call, including any aggregator surcharges, premise-imposed surcharges, and how consumers may access the long distance carrier of their choice, before connecting and billing for the OSP call(s).

- C. OSP consumer information labels/placards/tent cards must clearly state:
- the name and address of the OSP
 - the OSPs 800 telephone number
 - that rate information is available from the OSP operator 24 hours a day, seven days a week
 - procedures for reporting service problems, obtaining billing information, and how to access emergency services
 - that the end-user has a right to appeal any **UNRESOLVED** disputes concerning **intrastate** calls to:
- Massachusetts Department of Telecommunications & Cable
Consumer Division – 4th Floor
Two South Station, Boston 02110
(617) 305-3531 Toll-free within MA: (800) 392-6066
TTY: (800) 323-3298
- E. **A sample/draft of the above-described OSP consumer information material must be submitted to the DTC for approval.**
- F. OSPs must provide the DTC-approved consumer information material to all traffic aggregators, who in turn, must prominently display at traffic aggregator locations.
- G. OSPs must include language in their **intrastate** tariff indicating that the traffic aggregator is required to post the OSPs consumer information label at all its locations, and that pursuant to the OSPs tariff, any violation of this provision could result in disconnection of the traffic aggregator's service(s).

Inmate Calling Services

Usage rates for inmate calling services are capped at those usage rates charged by Verizon-Massachusetts. The maximum surcharge is \$3.00 for such calls.

Registrant attests that it will comply with the above requirements:

Authorized Signature/Title

Date

Part III

MASSACHUSETTS STATE TAX ATTESTATION

In accordance with Massachusetts General Laws, Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed all Massachusetts state tax returns and paid all Massachusetts state taxes required by law. I also certify, under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed and paid all federal taxes required by law.

Federal Taxpayer Identification No.

Signature of Corporate Officer if Registrant
is a corporation

Social Security Number

Signature of Individual, if applicable

Date

AFFIDAVIT

The undersigned declares under penalty of perjury that they are authorized to make this verification for, and on behalf of, the Registrant; that they have read the information provided by the Registrant in the foregoing document, and is informed and believes the same are true and on that ground affirms that the matters therein stated are true.

In addition, the undersigned, on behalf of the Registrant, attests that the Registrant will comply with all applicable Massachusetts laws and rules, Department Orders, regulations, letter rulings, directives and other requirements, whether formal or informal.

Registrant understands that failure to comply will be grounds for the Department to cancel the Registrant's registration/SBO and tariff(s), thus preventing the Registrant from operating and/or providing telecommunications services within Massachusetts.

Dated this _____ day of _____, _____

Legal Name of Registrant _____

By _____
(Print Name)

(Signature/Title)

NOTARIZE BY:

SUBSCRIBED AND SWORN to before me

this _____ day of _____, _____

Notary Public